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| Commute Verification Guidance |

**Commute Verification Survey**

According to Rule 9410, eTRIP employers shall collect information on the methods of transportation used for each Eligible Employee’s commutes both to and from work for every day of the week-long Commute Verification Period. This can be accomplished by using the **Mandatory Commute Verification Method** or the **Representative Survey Method** (see below).

**Commute Verification Survey Methods**

The **Mandatory Commute Verification Method** requires employers to distribute Mandatory Commute Verification Forms, provided on the eTRIP website, to all Eligible Employees and require their completion and return by each Eligible Employee.

The **Representative Survey Method** allows employers to propose an alternative data collection approach OR employers can survey a number of Eligible Employees based on the total number of Eligible Employees at that worksite (see chart below). The surveyed employees shall be selected at random from the pool of Eligible Employees.



**Conducting the Commute Verification Survey**

1. The employer will select a Commute Verification Period of one week representing a typical work week. This period shall not contain holiday, regardless of whether the holiday is observed by the employer.
2. The employer may use the eTRIP Commute Verification Form found on page 2 of this document as a template for their employee surveys. Other means of data collection (electronic, Survey Monkey, etc.) may also be used, as long as the same data is collected.
3. If using the attached form, please modify the red bolded text to suit your worksite’s situation. Use the “For Employer Use Only” section at the bottom of the form to aid in tracking forms that have been distributed and received.
4. When surveys have been collected, please tabulate results and use them to complete the Annual Report Form found in the Commute Verification Survey and Annual Report section of [www.valleyair.org/tripreduction.htm](http://www.valleyair.org/tripreduction.htm).

Do not submit individual surveys to the District. However, in accordance with Rule 9410, Commute Verification Forms shall be kept onsite for 5 years and made available to the District upon request.





**eTRIP Commute Verification Form**

In accordance with the San Joaquin Valley Air Pollution Control District’s (SJVAPCD) eTRIP rule, employers with more than 100 employees in the Central Valley are required to conduct a yearly commute verification survey. This survey is designed to collect data about work commutes.

The results of this survey will be compiled and transmitted to SJVAPCD by the employer. No personal information will be transmitted to SJVAPCD.

In order to help meet these requirements, please complete and submit the survey below to **[Worksite Coordinator]** by the end of the day on **[XX/XX/XX]**.

1. **On which days did you work during the survey period [XX/XX/XX to XX/XX/XX]?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Days worked** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
|  |  |  |  |  |
| **[WORKSITE COORDINATOR: Remove any of the rows below that do not apply to your worksite]**  *Please check the box or boxes below* *if you did not work due to a compressed work week schedule.* | | | | | |
| Compressed schedule non-workday |  |  |  |  |  |
| 1. **How did you commute to and from work each day of the survey period?**   Please check all that apply. *Example: If you drove to work in a hybrid vehicle AND carpooled with at least one other person, check the boxes for hybrid vehicle and carpool 2+ people* | | | | | |
| **Mode of commute** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| Gas vehicle |  |  |  |  |  |
| Hybrid vehicle |  |  |  |  |  |
| Zero Emission Vehicle |  |  |  |  |  |
| Carpool (2+ people) |  |  |  |  |  |
| Vanpool (6+ people) |  |  |  |  |  |
| Public Transportation (bus, train, etc.) |  |  |  |  |  |
| Bicycle |  |  |  |  |  |
| Walk, Run, etc. |  |  |  |  |  |
| Telecommute |  |  |  |  |  |
|  | | | | | |
| FOR EMPLOYER USE ONLY: | | | | | |
| Employee Name/ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Worksite Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Worksite ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |